



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 107400001

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SAM'S FAMILY RESTAURANTS INC.

DOING BUSINESS AS SEAFOOD SAM'S

ADDRESS COAST GUARD ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: LEWIS, JEFFREY C. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

WOODEN FRAME BUILDING WITH DINING ROOM, BAR, KITCHEN AND RESTROOMS. NO CELLAR,  
AND FOUR EXITS AND ENTRANCES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 107400021

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HEMISPHERE OPERATING INC.

DOING BUSINESS AS HEMISPHERE RESTAURANT

ADDRESS 98 TOWN NECK RD.

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: LABONTE, TRACY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

2 level oceanfront property. Entrances on west, north and east on ground level. 2nd floor deck exits, 8500 sq ft. Lobby, kitchen, restrooms, on both floors, outside deck and patio. Outside patio at the parking lot entrance to the building.

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 107400031

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LAWRENCE POND MARKET, INC.

DOING BUSINESS AS LAWRENCE POND MARKET

ADDRESS 45 GREAT HILL RD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: COTTER, DIANE J TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

3 ROOMS ON FIRST FLOOR: ONE ROOM PACKAGE, ONE ROOM GROCERIES AND ONE ROOM STORAGE. ONE FRONT ENTRANCE AND ONE REAR EXIT. NO CELLAR.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 107400063

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CELLAR 55 WINE MERCHANTS INC.

DOING BUSINESS AS CELLAR 55 WINE MERCHANTS

ADDRESS 101A ROUTE 6A, UNIT #1, NEWMAN VILLAGE CONDOMINIUMS

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: BUZZELL,  
KRISTEN M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

LICENSED PREMISES CONSISTS OF 600 SQ. FT. BOX UNIT, ONE ENTRANCE IN THE FRONT AND ONE EXIT IN THE REAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 107400064

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: M. Z. SONS INC.

DOING BUSINESS AS SANDWICH FOOD MART

ADDRESS 298 ROUTE 130

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: ZAHID, RASHID

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE WITH DELI OCCUPYING APPROXIMATELY 2624 SQ. FT...FIRST FLOOR OF  
TWO STORY BUILDING...ONE ENTRY WITH EXIT IN FRONT, ONE DELIVERY DOOR AT THE REAR OF  
PREMISES..

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 107400069

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE CASUAL GOURMET, INC.

DOING BUSINESS AS MAGNOLIA CAFÉ

ADDRESS 67 GROVE STREET

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: CHASE, OLIVE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

SEASONAL CAFÉ BEVERAGES, LUNCHEON AND ICE CREAM TO MUSEUM PATRONS. CAFÉ HAS PATIO SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY ENTER BUILDING TO USE MUSEUM MAINTAINED RESTROOMS. SEATING CAPACITY- 80

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 107400071

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: FRANKLIN W. KELLEHER

DOING BUSINESS AS HORIZONS ON CAPE BAY

ADDRESS 98 TOWN NECK ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: KELLEHER,  
FRANKLIN W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THREE STORY BUILDING- 1ST FLOOR 150 SEAT RESTAURANT, 2ND FLOOR 192 SEAT RESTAURANT AND 46 SEAT DECK, 3RD FLOOR OFFICE, AT PARKING LOT ENTRANCE TO THE BUILDING. THREE ENTRANCES, THREE EXITS, OCCUPANCY 317.

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